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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Burundi

Proposed indicative UNFPA assistance:	$28 million: $8.5 million from regular resources and $19.5 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2019-2023)
Cycle of assistance:	Eighth
Category per decision 2017/23:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	4.3	11.0	15.3
Outcome 2	Adolescents and youth	2.0	6.5	8.5
Outcome 3	Gender equality and women's empowerment	1.0	2.0	3.0
Programme coordination and assistance		1.2	-	1.2
Total		8.5	19.5	28.0

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I. Programme rationale

1. The population of Burundi is estimated at 11.8 million in 2018 with an annual growth rate of 2.5 per cent; 90 per cent of the population lives in rural areas. Two out of three Burundians are under 25 years of age, and adolescents and youth aged 10-24 represent 34 per cent of the population. The total fertility rate fell from 6.4 in 2010 to 5.5 in 2016. If population growth continues at this rate, huge investments will be required to accelerate the demographic transition and capitalize on the demographic dividend. Burundi, however, is one of the poorest countries in the world: it is ranked 184th out of 188 countries according to the Human Development Index and 55.2 per cent of youth are unemployed.

2. The maternal mortality ratio fell from 500 to 334 deaths per 100,000 live births between 2010 and 2016. Nearly 750 cases of obstetric fistula still occur annually. Despite the high rate of skilled attendance at birth (85 per cent), access to emergency obstetric care services is very limited, with only 7 health facilities offering basic and 23 offering comprehensive obstetric and newborn care services. In addition, the quality of available health care services is poor.

3. The contraceptive prevalence rate increased from 18 per cent in 2010 to 23 per cent in 2016. The met need for family planning is very low in Bururi (14.3 per cent) and Makamba (15.9 per cent) provinces, and for adolescents (24.2 per cent) and married women aged 15-49 years (24.8 per cent), partly due to sociocultural barriers, misconceptions about modern contraceptive methods and their potential side effects on users, poor quality of services and weaknesses in supply chain management. In 2017, only 62.1 per cent of health facilities experienced no stock-outs.

4. Adolescents and youth face many challenges that compromise the transition to a healthy and productive adult life. The adolescent birth rate remains high, though it fell slightly (from 65 per 1,000 women aged 15-19 in 2010 to 58 in 2016). This is partly attributed to limited knowledge of sexual and reproductive health due to the poor delivery of sexuality education programmes for in-school and out-of-school adolescents and youth; a lack of youth-friendly sexual and reproductive health services; barriers to education attainment; and persistent harmful traditional practices, including child marriage: 19 per cent of 20 to 24-year-old women were married before the age of 18.

5. The HIV prevalence rate in the general population aged 15-49 years is estimated at 1 per cent: 1.2 and 0.8 per cent for women and men respectively. The highest prevalence rate is found in the two largest cities in the country: 3.6 per cent in Bujumbura Mairie and 2.3 per cent in Gitega. HIV prevalence among late adolescents is estimated at 0.6 per cent.

6. Sexual and gender-based violence remains a major concern. In 2016, 36 per cent of women of reproductive age experienced physical violence; of these, 10 per cent experienced physical violence during pregnancy and 23 per cent were subjected to sexual abuse. More than half of married women experienced violence from their husband. The 2017-2021 National Gender-Based Violence Strategic Plan aims to effectively coordinate a multisectoral approach to the prevention of and response to gender-based violence.

7. Despite progress in regular collection of sociodemographic and routine data, gaps remain in the availability of disaggregated data, especially for the most vulnerable such as key populations and young people living with disabilities. The use of available data on population dynamics to inform planning, policy formulation, implementation and monitoring remains limited, both at national and provincial levels.

8. In recent years, Burundi has experienced natural disasters, epidemics and political instability, resulting in population displacements and increased risk of violence, exploitation and abuse for women and girls. This undermines the peace and security process, and the resilience of communities and basic social systems, particularly those related to sexual and reproductive health rights.

9. The seventh country programme has contributed to improving the quality of life of the population through the implementation of high-impact interventions. Advocacy

by UNFPA was instrumental in ensuring a strong commitment by the Government to accelerate the demographic dividend by investing in universal access to sexual and reproductive health (including improving access to modern family planning methods and maternal health care), promoting gender and youth empowerment, and improving the availability of data that can be used to inform development. UNFPA capacity development and service delivery interventions resulted in: 580,181 additional users of modern contraceptive methods; successful fistula surgery for 1,658 women; 294 midwives with skills in emergency obstetric care; 30 health facilities with the capacity to provide basic and comprehensive emergency obstetric and neonatal care services; and 22,934 assisted deliveries in humanitarian situations.

10. Furthermore, the programme contributed directly to: (i) life skills training for 13,495 boys and 46,373 girls (18 public health facilities and 72 schools provided information on adolescent sexual and reproductive health); (ii) tailored training on leadership, peacebuilding and resilience for 1,300 young people (who are now recognized as social change agents); (iii) care and treatment for almost 12,000 survivors of gender-based violence; (iv) the development of the national strategy to fight gender-based violence and the promulgation of the 'Prevention, Protection of Victims and Gender-Based Violence Repression' law; (v) operationalization of the integrated multisector management information system to inform development of national policies and strategies; and (vi) the development of the national road map for the demographic dividend.

11. The lessons learned from the seventh programme include: (a) coaching and mentoring are cost-effective strategies for improving the availability and quality of emergency obstetric and neonatal care services; (b) integration of family planning services in post-partum and immunization services, as well as engaging men and boys directly, increases the uptake of contraceptive methods; (c) facilitation of parent-child interactions improves access to information and the use of adolescent and youth-friendly sexual and reproductive health services.

II. Programme priorities and partnerships

12. The eighth country programme will contribute to national priorities set out in the Burundi National Development Plan 2018-2027 and is aligned to the UNFPA Strategic Plan 2018-2022, the United Nations Development Assistance Framework 2019-2023 and the Sustainable Development Goals.

13. The programme will be implemented in collaboration with United Nations organizations through joint programmes for youth and adolescent health and rights, maternal and child health, and gender-based violence management, in line with the Strategic Plan Common Chapter and 'delivering as one' principles; as well as with other partners including through South-South and triangular cooperation. UNFPA will continue to leverage innovations to galvanize the comparative advantage of diverse sectors and foster new opportunities for national development.

14. The programme will support advocacy for policy implementation and capacity-building at the national level and will mobilize resources for service delivery interventions in the six provinces of Bubanza, Kayanza, Ngozi, Gitega, Ruyigi and Makamba, which were selected on the basis of key performance indicators. UNFPA will continue to address the humanitarian-development nexus by strengthening the foundations of an integrated health system and the resilience of national institutions and communities. However, humanitarian response interventions, particularly targeting those furthest behind, remain critical.

15. The proposed programmatic priorities will be implemented in partnership with key government entities, especially the Ministry of Health, Ministry of Youth, Ministry of Education, Ministry of Gender, Ministry of the Interior and the Ministry of Planning; as well as with non-governmental organizations; United Nations organizations; bilateral and multilateral cooperation, private sector, media, academic and community-based organizations.

A. Outcome 1: Sexual and reproductive health and rights

16. *Output 1: Women, youth and adolescents have access to improved integrated sexual and reproductive health services, including in humanitarian settings.* Programme interventions will include: (a) improving the accessibility and quality of emergency obstetric and newborn care services in 152 health facilities by training service providers, and providing equipment and emergency life-saving medicines and supplies; (b) undertaking social and behaviour change communication interventions to mobilize support for and increase use of sexual and reproductive health services, including family planning, through mass media channels and digital technologies; (c) providing technical support for the effective integration of family planning services in immediate post-partum, post-abortion and immunization services; (d) building capacity of health service providers and district health focal points for delivery of the minimal initial services package and prepositioning of life-saving reproductive health kits; (e) facilitating training and coaching of health personnel to improve the quality of integrated sexual and reproductive health services for vulnerable and marginalized groups, particularly young people and hard-to-reach communities; (f) scaling up youth-friendly, integrated health services by training services providers and producing evidence-based behaviour change communication products; and (g) supporting the development, costing and implementation of the 2019-2023 National Plan on Reproductive Health.

17. *Output 2: The Ministry of Health and key partners at national and provincial levels, have improved capacities to increase demand for and improve supply of reproductive health commodities and medicine, including modern contraceptives.* The programme will: (a) support community-based distribution of contraceptive methods to reach the most vulnerable in remote areas; (b) train critical Ministry of Health staff in supply chain management, data quality management, forecasting and quantification of sexual reproductive health commodities; (c) advocate for increased domestic resource allocation for family planning in line with the FP2020 commitments; (d) engage with men and boys, and with traditional and religious leaders to increase the uptake of contraceptive methods; and (e) develop a digital technology alert system for health service providers to monitor reproductive health commodity stocks in health facilities.

B. Outcome 2: Adolescents and youth

18. *Output 3: Young people, especially adolescent girls, are better equipped with the skills and knowledge to make informed choices and decisions about their sexual and reproductive health and rights, and effectively participate in development, peacebuilding and humanitarian interventions.* UNFPA will: (a) increase access to information on sexual and reproductive health and rights for adolescents and youth using innovative information communication technologies; (b) set up a network of trained community 'aunts' and 'uncles' to provide life skills and knowledge on sexuality and reproductive health to adolescents and youth; (c) improve access to information and HIV prevention services for key populations; (d) enhance parent-child communication to promote access to sexual and reproductive health services and information; (e) introduce sexual and reproductive health services to adolescents and youth during peacebuilding and social cohesion interventions by social change agents; (f) support integration and implementation of comprehensive sexuality education as part of the national school curricula; (g) improve national data-collection systems and technologies to allow for the collection of age, gender and disability disaggregated data at all geographical levels; and (h) advocate and provide technical support for the integration of the demographic dividend study recommendations in national development frameworks, including in the National Population Policy.

C. Outcome 3: Gender equality and women's empowerment

19. *Output 4: National institutions and communities have improved capacity to promote gender equality and to prevent and respond to gender-based violence, including in humanitarian settings.* Strategic programme interventions include: (a) advocating for strengthened implementation of laws and procedures that promote gender equality and combat harmful practices for women and adolescent girls; (b) establishing effective intersectoral coordination mechanisms and engagements with political, traditional and

religious leaders, men and boys, and media outlets to end gender-based violence and child marriage; (c) supporting socioeconomic initiatives for gender-based violence survivors and most-at-risk girls to strengthen their resilience; and (d) improving the access to and quality of sexual and gender-based violence prevention, treatment and rehabilitation services through political and community awareness interventions and training programmes for service providers, including through South-South cooperation.

III. Programme and risk management

20. The eighth country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

21. The Ministry of Foreign Affairs will oversee the execution of the country programme and, together with UNFPA, will coordinate the planning, implementation and monitoring of the programme. Partners will be selected based on their strategic relevance and ability to produce high-quality results and appropriate risk analysis. National execution will be the preferred implementation modality. Implementation will be done in compliance with the 'harmonized approach to cash transfers' and will be monitored through field visits and spot checks in collaboration with other United Nations organizations, as set out in the corporate guidelines.

22. The resource mobilization, partnership and communication plans will be reviewed periodically to reflect current realities and ensure accountability. Whenever feasible, joint programmes will be developed with other United Nations organizations. In the event of an emergency, whether within the country or region, UNFPA will consult with the Government of Burundi to ensure an effective response, especially with regard to life-saving support.

23. The programme will be delivered with the support of the technical, operational and programmatic expertise of UNFPA staff at country, regional and headquarter levels, and will leverage South-South cooperation. A human resources alignment exercise will be undertaken to ensure an appropriate skills mix for efficient programme delivery.

24. Potential risks to programme implementation include socio-political instability, natural disasters, a mass influx of returning refugees and a lack of funding for the implementation of activities. UNFPA will proactively scan the political and policy environment to explore strategic windows to maintain the delivery of set programme results. The enterprise risk management system will be reviewed to leverage existing resources and integrate lessons learned. UNFPA, in collaboration with the United Nations country team, will regularly conduct programme criticality assessments for managing security risks.

IV. Monitoring and evaluation

25. The Government and UNFPA will work with other United Nations organizations, and multilateral and bilateral partners to strengthen national and subnational level monitoring and evaluation capacities and systems for improved national reporting, including on progress on Agenda 2030, through the established 'delivering as one' mechanism. This will be implemented in collaboration with key national stakeholders and in coordination with the monitoring and evaluation interventions as stated in the United Nations Development Assistance Framework.

26. UNFPA and partners will jointly develop and implement a monitoring and evaluation plan to track and report on country programme results, in line with UNFPA policies and guidelines. Annual programme reviews and work planning will be informed by monitoring and evaluation data as well as environmental scanning and, if required, corrective measures to accelerate achievements of planned results will be taken.

RESULTS AND RESOURCES FRAMEWORK FOR BURUNDI (2019-2023)

National priority: Improve the well-being of Burundians through a structural transformation of the Burundian economy and creation of decent jobs for all for sustainable, resilient and inclusive growth.

UNDAF outcome 2: By 2023, men, women of all ages, especially the most vulnerable, benefit from access to health services, nutrition, water, hygiene and sanitation quality, and progress has been made towards universal health coverage. **UNDAF outcome: 3:** By 2023, women, youth and vulnerable groups have equitable access to empowerment and social protection programmes. **UNDAF outcome 6:** By 2023, women, men, youth and vulnerable groups benefit from resilient and transparent institutions and mechanisms that guarantee peace, justice, respect for human rights and equitable access to services.

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
Outcome 1: Sexual and reproductive health and rights Outcome indicators: • Proportion of births attended by skilled health personnel *Baseline:* 85%; *Target*: 90% • Proportion of women of reproductive age (aged 15-49 years) who have their family planning needs satisfied with modern contraceptive methods. *Baseline*: 29%; *Target*: 38% • Number of additional users of modern contraceptives. *Baseline*: 580,181; *Target:* 780,181	Output 1. Women, youth and adolescents have access to improved integrated sexual and reproductive health services, including in humanitarian settings	• Number of health facilities that offer (i) basic emergency obstetric newborn care services; and (ii) comprehensive emergency obstetric and newborn care services. *Baseline*: 7 and 23; *target*: 100 and 52 respectively • Number of women operated on for obstetric fistula with UNFPA support. *Baseline:* 1,658; *Target:* 2,400 • Minimum Initial Service Package integrated into the National Humanitarian Response Plan. *Baseline:* No; *Target:* Yes	Ministry of Public Health; provincial and district health directorates; Ministry of Human Rights, Social Affairs and Gender; Ministry of Education; Ministry of Planning; United Nations Children's Fund; World Health Organization; United Nations Entity for Gender Equality and the Empowerment of Women; United Nations Programme on HIV and AIDS; International Organization for Migration; United Nations High Commissioner for Refugees; World Food Programme; Care International; Cordaid; Rutgers; International Rescue Committee; Population Media Centre; and Association Burundaise pour le Bien-Etre Familial	$6.1 million ($2.0 million from regular resources and $4.1 million from other resources)
	Output 2. Ministry of Health and key partners at national and provincial levels have improved capacities to increase demand for and improve supply of reproductive health commodities and medicine, including modern contraceptives	• Percentage of health facilities offering family planning services without stock-out during the last three months preceding the survey. *Baseline*: 62; *Target*: 80 • Percentage of public health facilities providing post-partum family planning services. *Baseline*: 50; *Target*: 80 • Number of health facilities providing adolescent and youth-friendly services in focus provinces. *Baseline*: 18; *Target*: 50		$9.2 million ($2.3 million from regular resources and $6.9 million from other resources)
Outcome 2: Adolescents and youth Outcome indicators: • Adolescent birth rate (aged 15-19). *Baseline*: 58; *Target*: 48 • Percentage of women and men aged 15-24 who both correctly identify ways of preventing transmission of HIV and reject major misconceptions about HIV transmission. *Baseline*: 53 for females and 58 for males; *Target:* 72 and 75 respectively	Output 3. Young people, especially adolescent girls, are better equipped with skills and knowledge to make informed choices and decisions about their sexual and reproductive health and rights, and effectively participate in development, peacebuilding and humanitarian interventions	• Number of adolescent and youth reached by sexual reproductive health information through UNFPA supported social media packages (that meet targets for social media reach and social media engagement). *Baseline*: 2,000 girls and 3,500 boys; *Target*: 100,000 and 150,000 respectively • Number of formal school curricula with comprehensive sexuality education integrated. *Baseline*: 2; *Target*: 6 • Number of youth-led organizations and networks with capacity to participate in national sexual and reproductive health-related policy dialogue, advocacy and programming, including in humanitarian settings. *Baseline*: 6; *Target*: 40	Ministry of Youth; Ministry of Education; Ministry of Public Health; Ministry of Human Rights, Social Affairs and Gender; provincial and district health and education directorates; United Nations organizations; Care International; Cordaid; Population Media Centre; and Association Burundaise pour le Bien-Etre Familial	$8.5 million ($2.0 million from regular resources and $6.5 million from other resources)

		• National Population Policy that responds to demographic dividend recommendations. *Baseline*: No; *Target*: Yes • Number of reported community conflicts managed peacefully by youth-led organizations. *Baseline*: 450; *Target*: 2,150		
Outcome 3: Gender equality and women's empowerment Outcome indicators: • Proportion of women and girls aged 15 and older subjected to sexual violence by persons other than intimate partner in the last 12 months. *Baseline*: 50%; *Target*: 30% • Percentage of women aged 20-24 years who were married or in a union before age 18. *Baseline:* 19; *Target:* 15	Output 4. National institutions and communities have improved capacity to promote gender equality and to prevent and respond to gender-based violence, including in humanitarian settings	• Percentage of public hospitals and specialized centres that provide comprehensive gender-based violence services for women and girls. *Baseline*: 74; *Target*: 100 • Percentage of identified most-at-risk women and girls who receive integrated gender-based violence prevention, protection, psychological and medical care services. *Baseline:* 68; *Target:* 80 • An operational inter-agency coordination mechanism for reproductive health and gender-based violence in place at national and provincial levels. *Baseline:* No; *Target*: Yes • Number of parents/guardians with comprehensive knowledge and information to eliminate child marriage in UNFPA priority zones. *Baseline*: 0; *Target:* 3,000	Ministry of Human Rights, Social Affairs and Gender; Ministry of Education; Ministry of Public Health; United Nations organizations; Population Media Centre; International Rescue Committee; Croix Rouge du Burundi; Centre SERUKA; NTURENGAHO; and Action en Faveur des Enfants et Femmes Vulnérables	$3.0 million ($1.0 million from regular resources and $2.0 million from other resources)